	The Instruction	ON GUIDE explains how to complete this form.		1 Total pages this	•
:	FILER NAME Mr. William			3 ACCOUNT #	0/430 (Ethics Commission filers)
;	Date	5 Full name of contributor  ut-of-state PAC(ID#	. )	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
	04/07/2003	6 Contributor address; City; State; Zip Code		300.00	
	Principal occup	ation (Optional)	10 Employer (Option	al)	
_	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/25/2003	Contributor address; City; State; Zip Code		70.00	
_	Principal occup	ation (Optional)	Employer (Options	ai)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/23/2003	Contributor address; City; State; Zip Code		500.00	
	Principal occupa	ation (Optional)	Employer (Options	ıl)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/15/2003	Contributor address; City; State; Zip Code		500.00	
	Principal occupa	ation (Optional)	Employer (Optiona	1)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/27/2003	Contributor address; City; State; Zip Code		25.00     	,
-	Principal occupa	tion (Optional)	Employer (Optional	)	

			•	
The Instructi	ON GUIDE explains how to complete this form.		1 Total pages this	report: /430
2 FILER NAME Mr. William			3 ACCOUNT#	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_ Richard W. Wortham III	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
06/20/2003	6 Contributor address; City; State; Zip Code		1000.00	 
9 Principal occup	pation (Optional)	10 Employer (Option	al)	<b>I</b>
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
03/17/2003	Contributor address; City; State; Zip Code		5000.00	
Principal occup	ation (Optional)	Employer (Optiona	al)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/30/2003	Contributor address; City; State; Zip Code		200.00	
Principal occup	ation (Optional)	Employer (Optiona	al)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2003	Contributor address; City; State; Zip Code		5000.00	
Principal occup	ation (Optional)	Employer (Optiona	l)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/30/2003	Contributor address; City; State; Zip Code		1000.00	
Principal occupa	ation (Optional)	Employer (Optiona	<u> </u>	

	The Instruction	אס Guide explains how to complete this form.		1 Total pages this	report: /430
2	FILER NAME Mr. William	H. White		3 ACCOUNT#	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC(ID# Karen Loper	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	04/23/2003	6 Contributor address; City; State; Zip Code		10.00	 
9	Principal occup	ation (Optional)	10 Employer (Option	al)	
	Date	Full name of contributor  uut-of-state PAC(ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/30/2003	Contributor address; City; State; Zip Code		5000.00	1   
•	Principal occupa	ation (Optional)	Employer (Option	al)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/25/2003	Contributor address; City; State; Zip Code		100.00	
	Principal occupa	ation (Optional)	Employer (Options	al)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/05/2003	Contributor address; City; State; Zip Code		20.00	
	Principal occupa	ation (Optional)	Employer (Optional)		
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/05/2003	Contributor address; City; State; Zip Code		50.00   	
	Principal occupa	ition (Optional)	Employer (Optiona	ıl)	

	The Instruction	ON GUIDE explains how to complete this form.		1 Total pages this	report: 3/430
	FILER NAME Mr. William	H. White		3 ACCOUNT # C00000000	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC(ID#_ Priscilla K. Pilon	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/13/2003	6 Contributor address; City; State; Zip Code	•••••••••••••••••••••••••••••••••••••••	1000.00	
9 F	Principal occup	ation (Optional)	10 Employer (Option	l al)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
(	06/30/2003	Contributor address; City; State; Zip Code		1000.00	
F	Principal occupa	ation (Optional)	Employer (Option	al)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
(	04/29/2003	Contributor address; City; State; Zip Code		800.00	Food and beverages
Р	rincipal occupa	ation (Optional)	Employer (Options	al)	
******	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
C	03/21/2003	Contributor address; City; State; Zip Code		5000.00	
Pi	rincipal occupa	tion (Optional)	Employer (Optiona	l)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
0	6/07/2003	Contributor address; City; State; Zip Code		50.00     	Print mailer, stamps, food - ,ice
Pr	incipal occupa	tion (Optional)	Employer (Optiona	j)	

# **POLITICAL CONTRIBUTIONS**

	The Instruction	ON GUIDE explains	now to comple	ete this form.			Total pages this report: 304/430			
2	FILER NAME Mr. William		H. Whit	e		:	3 ACC	OUNT #	(Ethics Commis	sion filers)
4	Date	5 Full name of o	contributor	out-of-state PAC(I	D#	)		unt of ution (\$)	8 In-k descri	ind contribution otion (if applicable
	05/15/2003	6 Contributor ac	ldress; Ci	ty; State; Zip C	ode			35.00	     	
9	Principal occup	pation (Optional)			10 Em	ployer (Option	al)		J	

				· · · · · · · · · · · · · · · · · · ·
The Instructi	ION GUIDE explains how to complete this form.		1 Total pages r 305/430	eport:
2 FILER NAM Mr. William			3 ACCOUNT C0000000	T # (Ethics Commission filers)
<b>4</b> Date 06/10/2003	5 Payee name Asian Chamber of Commerce 6 Payee address; City; State; Zip Code 7457 Harwin Plaza II Suite 133 Houston TX 77036	.,,		7 Amount (\$) 60.00
8 Purpose of ex information re-2 Luncheon		9 Complete if direct expe Candidate / Officeholder na		it C/OH • • Office held
Date 05/22/2003	Payee address; City; State; Zip Code 2110 Baldwin			Amount (\$) 100.00
Purpose of ex information red Signsreimb	•	Complete if direct expe Candidate / Officeholder na		it C/OH •• fice sought Office held
Date 01/28/2003	Payee name  SBC  Payee address; City; State; Zip Code P.O. Box 3025  Houston TX 77097-0043			Amount (\$) 624.32
Purpose of exp information red Phones	penditure (See instructions regarding type of quired.)	Complete if direct expe Candidate / Officeholder na		t C/OH ** lice sought Office held
Date 04/15/2003	Payee name Sharon Haley Payee address; City; State; Zip Code 3011 A. Peach Hollow Pearland TX 77584			Amount (\$) 1720.00
Purpose of exp information red Net Payroll	penditure (See instructions regarding type of quired.)	Complete if direct expe Candidate / Officeholder na		C/OH ** ice sought Office held
	•			

The Instruction	ON GUIDE explains how to complete this form.		1 Total pages repo 306/430	ort:
2 FILER NAME Mr. William			3 ACCOUNT # C00000000	(Ethics Commission filers)
4 Date 05/09/2003	5 Payee name Fiesta Loma Linda 6 Payee address; City; State; Zip Code 2111 Telephone Road Houston TX 77023		7	Amount (\$) 383.73
8 Purpose of expinformation recommends for Gu	•	9 Complete if direct expe Candidate / Officeholder n		VOH " sought Office held
Date 03/18/2003	Payee name  Rives Carlberg L.P.  Payee address; City; State; Zip Code  2800 Post Oak Blvd. Suite 2400 Houston TX 77056			Amount (\$) 1671.00
Purpose of exp information red Stickers	penditure (See instructions regarding type of quired.)	Complete if direct expe Candidate / Officeholder n		/OH •• sought Office held
Date 05/14/2003	Payee name  Hotshot  Payee address; City; State; Zip Code  P.O. Box 701189  Houston TX 77270-1189			Amount (\$) 28.90
Purpose of exp information red Delivery Serv	, ,	Complete if direct expe Candidate / Officeholder na		/OH " * sought Office held
Date 02/27/2003	Payee name  Andrea Young  Payee address; City; State; Zip Code 5500 Sampson St #2309  Houston TX 77004			Amount (\$) 1227.23
Purpose of exp information req Net Payroll	penditure (See instructions regarding type of juired.)	Complete if direct expe Candidate / Officeholder na	enditure to benefit C/ ame Office s	
<del></del>				

The Instruction	ON GUIDE explains how to complete this form.		1 Total pages 307/430	report:
2 FILER NAME Mr. William	H. White		3 ACCOUN C000000	T # (Ethics Commission filers)
4 Date 05/01/2003	<ul> <li>5 Payee name</li> <li>Network Interstate</li> <li>6 Payee address; City; State; Zip Code</li> <li>230 T.C. Jester Blvd.</li> <li>Houston TX 77007</li> </ul>			7 Amount (\$) 165.03
8 Purpose of exp information red T-Shirts	penditure (See instructions regarding type of quired.)	9 Complete if direct expe Candidate / Officeholder na		fit C/OH ""  Office sought Office held
Date 04/24/2003	Payee name  U. S. Postmaster  Payee address; City; State; Zip Code  Barbara Jordan Main Post Office  Houston TX 77201-9998			Amount (\$) 500.00
Purpose of exp information red Postage	penditure (See instructions regarding type of guired.)	Complete if direct expe Candidate / Officeholder no		fit C/OH ••  Office sought Office held
Date 04/30/2003	Payee name  Susybelle Zook  Payee address; City; State; Zip Code  1702 Morse Street  Houston TX 77019			Amount (\$) 1438.00
Purpose of exp information req Net Payroll	penditure (See instructions regarding type of juired.)	Complete if direct expe Candidate / Officeholder na	enditure to bene ame c	fit C/OH ""  Office sought Office held
Date 05/30/2003	Payee name  Butrum & Associates  Payee address; City; State; Zip Code  952 Echo Lane Suite 350 Houston TX 77024			Amount (\$) 96.45
Purpose of exp information req Copies	penditure (See instructions regarding type of juired.)	Complete if direct expe Candidate / Officeholder na	nditure to bene ame C	fit C/OH " "  Office held

	ON GUIDE explains how to complete this form.	1 Total pages report: 308/430
2 FILER NAME Mr. William		3 ACCOUNT # (Ethics Commission filers) C00000000
Date 06/30/2003	5 Payee name Amy's Cafe	7 Amount (\$) 91.36
	6 Payee address; City; State; Zip Cod 720 N. Post Oak Road Suite 124 Houston TX 77024	le
Purpose of exp information red Food for volu		9 Complete if direct expenditure to benefit C/OH " Candidate / Office hold Office sought Office held
Date	Payee name	Amount
06/13/2003	Pam Rosenauer	(\$) 1627.28
	Payee address; City; State; Zip Cod	ie
	5711 Sugar Hill #68	
	Houston TX 77057	
Purpose of exp information red Net payroll	I penditure (See instructions regarding type of quired.)	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount
03/31/2003	Alliance Payroll Service	(\$)
03/31/2003		39.24
	Payee address; City; State; Zip Cod- 12707 North Freeway Suite 320 Houston TX 77060	e
	loenditure (See instructions regarding type of	Complete if direct expenditure to benefit C/OH **  Candidate / Office held  Office sought  Office held
Purpose of exp information req Payroll service	•	
information req	•	
information req		Amount
information red Payroll servic	Payee name  Rives Carlberg L.P.	Amount (\$) 353.73
information red Payroll service Date	Payee name	Amount (\$) 353.73
information red Payroll service Date	Payee name Rives Carlberg L.P.	Amount (\$) 353.73

POLITI	CAL EXPENDITURES			SCHEDULE F
The Instructi	ON GUIDE explains how to complete this form.		1 Total pages repor 309/430	t:
2 FILER NAMI Mr. William			3 ACCOUNT # C00000000	(Ethics Commission filers)
4 Date 06/02/2003	5 Payee name Triet Nguyen  6 Payee address; City; State; Zip Code 1415 Louisiana Suite 3000 Houston TX 77002			Amount (\$) 232.72
8 Purpose of ex information rec		9 Complete if direct expo Candidate / Officeholder n		
Date 01/29/2003	Payee name  Aramark Premium Services at Minute Maid Payee address; City; State; Zip Code P.O. Box 288  Houston TX 77002	ark		Amount (\$) 627.86
Purpose of exp information red Food for ann	l penditure (See instructions regarding type of quired.)	Complete if direct expe Candidate / Officeholder n		
Date 04/18/2003	Payee name  ttweak  Payee address; City; State; Zip Code 4910 Main Street  Houston TX 77002			Amount (\$) 11100.00
Purpose of exp information red Media	penditure (See instructions regarding type of quired.)	Complete if direct expe Candidate / Officeholder na	enditure to benefit C/G ame Office s	
Date 03/31/2003	Payee name Sharon Haley Payee address; City; State; Zip Code 3011 A. Peach Hollow Pearland TX 77584			Amount (\$) 1820.00
Purpose of exp information red Net Payroll	penditure (See instructions regarding type of quired.)	Complete if direct expe Candidate / Officeholder na	enditure to benefit C/C ame Office so	

The Instructi	ION GUIDE explains how to complete this form.		1 Total pages repo 310/430	ort:
2 FILER NAM Mr. William			3 ACCOUNT # C000000000	# (Ethics Commission filers)
4 Date 06/21/2003	5 Payee name  Triet Nguyen  6 Payee address; City; State; Zip Code 1415 Louisiana Suite 3000 Houston TX 77002			Amount (\$) 102.83
8 Purpose of ex information rec Reimb for so		9 Complete if direct exper Candidate / Officeholder na		C/OH ** e sought Office held
Date 04/15/2003	Payee name  Susybelle Zook  Payee address; City; State; Zip Code  1702 Morse Street  Houston TX 77019			Amount (\$) 1562.94
Purpose of ex information red Net Payroll	I penditure (See instructions regarding type of quired.)	Complete if direct exper Candidate / Officeholder nar		C/OH •• o sought Office held
Date 05/20/2003	Payee name  Scalable Software  Payee address; City; State; Zip Code 720 N. Post Oak Road Suite 500  Houston TX 77024			Amount (\$) 4000.00
Purpose of exp information red Furniture ren		Complete if direct exper Candidate / Officeholder nar		VOH " sought Office held
Date 05/30/2003	Payee name  Butrum & Associates  Payee address; City; State; Zip Code 952 Echo Lane Suite 350 Houston TX 77024	•••••		Amount (\$) 24.00
Purpose of exp information red Reimb Long	· ·	Complete if direct expen Candidate / Officeholder nan		/OH ** sought Office held

Texas Ethics Cor	nmission P.O.Box 12070 Austin, Texas	78711-2070	(512)463-5800	1-800-3	25-850
POLITI	ICAL EXPENDITURES		so	HEDULE	F
The Instructi	ION GUIDE explains how to complete this form.		1 Total pages report: 311/430		
2 FILER NAM Mr. William			3 ACCOUNT # (Ethic C00000000	s Commission filers)	
4 Date 02/06/2003	5 Payee name Darcy Mackey  6 Payee address; City; State; Zip Code 3303 S. Rice Suite 210-B Houston TX 77056		7	Amount (\$) 2000.00	
8 Purpose of ex information re Contract Lab	· ·	9 Complete if direct expo Candidate / Officeholder n	enditure to benefit C/OH lame Office sough		
Date 05/05/2003	Payee name  Sprint Digital Print  Payee address; City; State; Zip Code  10100 Clay Road Suite C Houston TX 77080			Amount (\$) 5615.47	
Purpose of ex information re Signs	I penditure (See instructions regarding type of quired.)	Complete if direct expe Candidate / Officeholder n	enditure to benefit C/OH ame Office sought		
Date 03/28/2003	Payee name  Lanier  Payee address; City; State; Zip Code  13135 Dairy Ashford  Suite 300  Sugar Land TX 77478			Amount (\$) 620.27	
Purpose of ex information red Copy Machir		Complete if direct expe Candidate / Officeholder na	enditure to benefit C/OH ' ame Office sought	Office held	
Date 03/31/2003	Payee name  Andrea Young  Payee address; City; State; Zip Code 5500 Sampson St #2309  Houston TX 77004			Amount (\$) 1277.23	
Purpose of ex information red Net Payroll	penditure (See instructions regarding type of quired.)	Complete if direct expe Candidate / Officeholder na	enditure to benefit C/OH ame Office sought	Office held	

The Instruction	ON GUIDE explains how to complete this form.		1 Total pages report: 312/430	
2 FILER NAME Mr. William			3 ACCOUNT # (Ethics C00000000	; Commission filers)
4 Date 06/30/2003	<ul> <li>5 Payee name</li> <li>Myra Jolivet</li> <li>6 Payee address; City; State; Zip Code</li> <li>1200 Smith</li> <li>16th Floor</li> <li>Houston TX 77002</li> </ul>		7	Amount (\$) 2750.00
8 Purpose of expinformation reconsulting	penditure (See instructions regarding type of quired.)	9 Complete if direct expe Candidate / Officeholder n	enditure to benefit C/OH * name Office sought	
Date 03/05/2003	Payee name  Rives Carlberg L.P.  Payee address; City; State; Zip Code  2800 Post Oak Blvd.  Suite 2400  Houston TX 77056			Amount (\$) 837.78
Purpose of exp information rec Banner	penditure (See instructions regarding type of quired.)	Complete if direct expe Candidate / Officeholder n	enditure to benefit C/OH name Office sought	
Date 05/06/2003	Payee name  Glenn W. Grantom  Payee address; City; State; Zip Code 1301 Mistletoe Lane  Kingwood TX 77339			Amount (\$) 1960.81
Purpose of exp information red Net payroll	penditure (See instructions regarding type of quired.)	Complete if direct expe Candidate / Officeholder n	enditure to benefit C/OH " name Office sought	
Date 05/05/2003	Payee name  Lulac District VIII  Payee address; City; State; Zip Code PO Box 15100  Houston TX 77220-5100			Amount (\$) 100.00
information red	penditure (See instructions regarding type of quired.) r Cinco parade	Complete if direct expe Candidate / Officeholder n	enditure to benefit C/OH *name Office sought	Office held

POLITI	CAL EXPENDITURES			SCHEDULE F
The Instruction	ON GUIDE explains how to complete this form.		1 Total pages repor 313/430	t:
2 FILER NAME Mr. William			3 ACCOUNT # C00000000	(Ethics Commission filers)
4 Date 06/30/2003	Fayee name Rives Carlberg L.P.  6 Payee address; City; State; Zip Code 2800 Post Oak Blvd. Suite 2400 Houston TX 77056		7	Amount (\$) 1455.96
8 Purpose of exp information red Lapel Pins	penditure (See instructions regarding type of quired.)	9 Complete if direct exp Candidate / Officeholder n		
Date 03/31/2003	Payee name  Rives Carlberg L.P.  Payee address; City; State; Zip Code  2800 Post Oak Blvd. Suite 2400 Houston TX 77056			Amount (\$) 165.38
Purpose of exp information red Stickers	penditure (See instructions regarding type of quired.)	Complete if direct expo Candidate / Officeholder n		
Date 03/19/2003	Payee name  U. S. Postmaster  Payee address; City; State; Zip Code  Barbara Jordan Main Post Office  Houston TX 77201-9998			Amount (\$) 740.00
Purpose of exp information req Postage	penditure (See instructions regarding type of quired.)	Complete if direct expe Candidate / Officeholder n	enditure to benefit C/0 lame Office so	
Date 03/17/2003	Payee name  Rives Carlberg L.P.  Payee address; City; State; Zip Code  2800 Post Oak Blvd.  Suite 2400  Houston TX 77056			Amount (\$) 2416.48
Purpose of exp information req Media	penditure (See instructions regarding type of quired.)	Complete if direct expe Candidate / Officeholder n		

The Instruction	ON GUIDE explains how to complete this form.		1 Total pages 314/430	report:
2 FILER NAME Mr. William			3 ACCOUN C0000000	T# (Ethics Commission filers)
4 Date	5 Payee name		<u></u>	7 Amount
04/04/2003	Rives Carlberg L.P.			(\$) 1758.25
	6 Payee address; City; State; Zip Code			1100.20
	2800 Post Oak Blvd. Suite 2400 Houston TX 77056			
Purpose of expinformation recommendation     Media	penditure (See instructions regarding type of quired.)	9 Complete if direct expe Candidate / Officeholder n		it C/OH ""  Office held
Date	Payee name			Amount
02/27/2003	Rives Carlberg L.P.			(\$) 2351.00
				2001.00
	2800 Post Oak Blvd.			
	Suite 2400 Houston TX 77056			
Purpose of exp information red Invitations	penditure (See instructions regarding type of quired.)	Complete if direct expe Candidate / Officeholder na		it C/OH ••  ffice sought Office held
Date	Payee name			Amount
05/30/2003	Rives Carlberg L.P.  Payee address; City; State; Zip Code 2800 Post Oak Blvd. Suite 2400			(\$) 275.61
	Houston TX 77056	· · · · · · · · · · · · · · · · · · ·		
Purpose of exp information req Stickers	penditure (See instructions regarding type of quired.)	Complete if direct expe Candidate / Officeholder na		t C/OH ** fice sought Office held
Date	Payee name			Amount
02/13/2003	Alliance Payroll Service			(\$) 39.24
	Payee address; City; State; Zip Code			
	12707 North Freeway Suite 320 Houston TX 77060			
Purpose of exp information req Payroll service	· ·	Complete if direct expe Candidate / Officeholder na		t C/OH " " fice sought Office held

The Instruction	ON GUIDE explains how to complete this form.		1 Total pages report: 315/430	
2 FILER NAME Mr. William			3 ACCOUNT # (E1 C000000000	nics Commission filers)
4 Date	5 Payee name		7	Amount
05/20/2003	NGP Software,Inc.			(\$) 600.00
	6 Payee address; City; State; Zip Code			
	5505 Connecticut Avenue NW PMB 277		1	
	Washington DC 20015			
8 Purpose of expinformation red Software	Denditure (See instructions regarding type of	9 Complete if direct exp Candidate / Officeholder n	enditure to benefit C/OH lame Office soug	
Date	Payee name			Amount
03/27/2003	Fairbank,Maslin,Maullin & Associates			(\$)
03/21/2003	,			19000.00
	Payee address; City; State; Zip Code 2425 Colorado Avenue Suite 180			
Durage of our	Santa Monica CA 90404  penditure (See instructions regarding type of	Complete if direct expe	enditure to benefit C/OH	
information red	quired.)	Candidate / Officeholder n		
Polling		·		
Date	Payee name			Amount
05/05/2003				(\$)
05/05/2003	Amy's Cafe Payee address; City; State; Zip Code			51.21
	Payee address; City; State; Zip Code 720 N. Post Oak Road			
	Suite 124			
Durnous of our	Houston TX 77024  penditure (See instructions regarding type of	Complete if direct eyes	enditure to benefit C/OH	
information red	juired.)	Candidate / Officeholder na		
Volunteer Me	ais			
Date	Payee name			Amount
				(\$)
04/14/2003				23.43
	Payee address; City; State; Zip Code			
	1702 Morse Street			
_	Houston TX 77019	0 1.4 "" .		
information red		Complete if direct expe Candidate / Officeholder na	enditure to benefit C/OH ame Office sough	
Reimb for off	ice expenses			

				M + M = 1
The Instruction	ON GUIDE explains how to complete this form.		1 Total pages report: 316/430	
2 FILER NAME Mr. William			3 ACCOUNT # (Ethics C00000000	Commission filers)
4 Date 03/14/2003	5 Payee name Andrea Young 6 Payee address; City; State; Zip Code 5500 Sampson St #2309 Houston TX 77004			Amount (\$) 1277.23
8 Purpose of expiniformation reconstruction Net Payroll	penditure (See instructions regarding type of quired.)	9 Complete if direct expe Candidate / Officeholder n	enditure to benefit C/OH * ame Office sought	Office held
Date 01/15/2003	Payee name Sharon Haley Payee address; City; State; Zip Code 3011 A. Peach Hollow Pearland TX 77584			Amount (\$) 570.00
Purpose of exp information red Net Payroll	penditure (See instructions regarding type of quired.)	Complete if direct expe Candidate / Officeholder n	enditure to benefit C/OH •• ame Office sought	Office held
Date 05/05/2003	Payee name  Butrum & Associates  Payee address; City; State; Zip Code  952 Echo Lane Suite 350 Houston TX 77024			Amount (\$) 21.80
Purpose of exp information red Delivery Serv		Complete if direct expe Candidate / Officeholder na	enditure to benefit C/OH *** ame Office sought	Office held
Date 05/01/2003	Payee name One Source Communications,Inc.  Payee address; City; State; Zip Code 5904 Jessamine Suite A-16  Houston TX 77081			Amount (\$) 405.94
Purpose of exp information red Stationery	penditure (See instructions regarding type of quired.)	Complete if direct expe Candidate / Officeholder na	nditure to benefit C/OH ** ame Office sought	Office held

The Instruction	ON GUIDE explains how to complete this form.		1 Total pages report: 317/430	
2 FILER NAME Mr. William	H. White		3 ACCOUNT # (Ethic C00000000	s Commission filers)
4 Date	5 Payee name		7	Amount
01/31/2003	Sharon Haley			(\$) 1340.00
	6 Payee address; City; State; Zip Code			
	3011 A. Peach Hollow			
	Pearland TX 77584			
8 Purpose of expinformation reconstruction Net Payroll	penditure (See instructions regarding type of quired.)	9 Complete if direct exp Candidate / Officeholder n	enditure to benefit C/OH name Office sought	
Date	Payee name			Amount
06/30/2003	Alliance Payroll Service			(\$) 5752.94
:	12707 North Freeway			
	Suite 320 Houston TX 77060			
information red		Complete if direct expo Candidate / Officeholder n	enditure to benefit C/OH	
FICA/Payroll	Taxes	·		
Date	Payee name		T.	Amount
03/11/2003	Hotshot			(\$)
03/11/2003				96.25
	Payee address; City; State; Zip Code P.O. Box 701189			
	Houston TX 77270-1189			
Durnoon of over	penditure (See instructions regarding type of	Complete if direct expe	enditure to benefit C/OH '	
information red	quired.)	Candidate / Officeholder n	ame Office sought	
Delivery Serv	nces			
Date	Payee name		<u> </u>	Amount
05/30/2003	Rives Carlberg L.P.			(\$)
05/30/2003			1	308.73
	Payee address; City; State; Zip Code 2800 Post Oak Blvd.		,	
	Suite 2400 Houston TX 77056			
Purpose of exp	benditure (See instructions regarding type of purifical)	Complete if direct expe Candidate / Officeholder n	enditure to benefit C/OH ame Office sought	Office held
Photography	•		•	

The Instruction	אס Guide explains how to complete this form.		1 Total pages 318/430	report:
2 FILER NAME Mr. William	H. White		3 ACCOUN C000000	T # (Ethics Commission filers)
4 Date	5 Payee name			7 Amount
06/13/2003	Glenn W. Grantom			(\$) 1046.66
	6 Payee address; City; State; Zip Code			
·	1301 Mistletoe Lane			·
	Kingwood TX 77339			
9 Duman of ovr	penditure (See instructions regarding type of	9 Complete if direct expe	enditure to bene	fit C/OH ""
Purpose of exp information red Net payroll	quired.)	Candidate / Officeholder na		Office sought Office held
Date	Payee name			Amount
04/14/2003	Hill Research Consultants			(\$) 7200.00
04,14,2000				, = 0.00
	2202 Timberloch Place Suite 100			
	The Woodlands TX 77380	Complete if direct expe	anditure to hone	St. C/OH
information red	penditure (See instructions regarding type of quired.)	Complete if direct expe		Office sought Office held
Consulting				
Date	Payee name			Amount
06/06/2003	Datavox			(\$) 243.57
	Payee address; City; State; Zip Code			
	PO Box 297468			
	Houston TX 77297-7468			
Purpose of exp	penditure (See instructions regarding type of	Complete if direct expe	enditure to bene	fit C/OH " Office sought Office held
information red Phones	quired.)	Candidate / Oniceriolder ne	anic .	Silico soughi.
	·			
Date	Payee name			Amount
06/12/2003	Rives Carlberg L.P.			(\$) 2843.22
00/12/2000				
	2800 Post Oak Blvd.			
	Suite 2400 Houston TX 77056			
Purnose of evi	penditure (See instructions regarding type of	Complete if direct expe		
information red	quired.)	Candidate / Officeholder na		Office sought Office held
Media				,
l				

The Instruction Guide explains how to complete this form.	Total pages report: 319/430
2 FILER NAME Mr. William H. White	3 ACCOUNT # (Ethics Commission filers) C00000000
4 Date 5 Payee name  O6/13/2003 Alliance Payroll Service  6 Payee address; City; State; Zip Code  12707 North Freeway Suite 320 Houston TX 77060	7 Amount (\$) 4072.32
8 Purpose of expenditure (See instructions regarding type of information required.) FICA/Payroll Taxes  9 Complete if direct expendance of Candidate / Officeholder national contents of the c	nditure to benefit C/OH ** me Office sought Office held
Date Payee name  04/03/2003 Jolivet/Fernandez  Payee address; City; State; Zip Code  1200 Smith Street 16th Floor Houston TX 77002	Amount (\$) 3156.25
Purpose of expenditure (See instructions regarding type of information required.)  Consulting  Complete if direct expercand Candidate / Officeholder nate of Candidat	nditure to benefit C/OH •• me Office sought Office held
Date Payee name  05/02/2003 Susybelle Zook  Payee address; City; State; Zip Code  1702 Morse Street  Houston TX 77019	Amount (\$) 200.00
Purpose of expenditure (See instructions regarding type of information required.)  Reimb Health Insurance  Complete if direct exper Candidate / Officeholder nate of	nditure to benefit C/OH " ne Office sought Office held
Date Payee name  05/30/2003 Michael Moore  Payee address; City; State; Zip Code  2110 Baldwin  Houston TX 77033	Amount (\$) 2999.76
Purpose of expenditure (See instructions regarding type of information required.)  Net payroll  Complete if direct expendance of candidate / Officeholder nar	diture to benefit C/OH ** ne Office sought Office held

The Instruction	ON GUIDE explains how to complete this form.		1 Total pages repor 320/430	t:
2 FILER NAME Mr. William			3 ACCOUNT # C00000000	(Ethics Commission filers)
4 Date 02/19/2003	<ul> <li>5 Payee name</li> <li>Rives Carlberg L.P.</li> <li>6 Payee address; City; State; Zip Code</li> <li>2800 Post Oak Blvd.</li> <li>Suite 2400</li> <li>Houston TX 77056</li> </ul>		7	Amount (\$) 50000.00
8 Purpose of expinformation red Media	oenditure (See instructions regarding type of quired.)	9 Complete if direct expe Candidate / Officeholder no		
Date 05/15/2003	Payee name  Michael Moore  Payee address; City; State; Zip Code 2110 Baldwin  Houston TX 77033			Amount (\$) 4.32
Purpose of exp information red Reimb for mi	•	Complete if direct expe Candidate / Officeholder na		
Date 06/16/2003	Payee name  Hazel Mitchell  Payee address; City; State; Zip Code  15001 Crosswinds Drive  Apt. 601  Houston TX 77032			Amount (\$) 16.11
information red	penditure (See instructions regarding type of quired.) ent for Kitchen supplies	Complete if direct expe Candidate / Officeholder na	enditure to benefit C/0 ame Office s	
Date 01/20/2003	Payee name  Info Vine,Inc.  Payee address; City; State; Zip Code P.O. Box 2706  Houston TX 77252-2706			Amount (\$) 596.00
Purpose of exp information red Mailing	penditure (See instructions regarding type of quired.)	Complete if direct expe Candidate / Officeholder na		

The Instruction	ON GUIDE explains how to complete this form.		1 Total pages re 321/430	eport:
2 FILER NAME Mr. William			3 ACCOUNT C00000000	# (Ethics Commission filers)
4 Date	5 Payee name		7	
05/14/2003	Harris County Council of Organizations			(\$) 500.00
	6 Payee address; City; State; Zip Code			
	4610 Delano			
	Houston TX 77004			
8 Purpose of exp	penditure (See instructions regarding type of	9 Complete if direct expe	enditure to benefit	C/OH **
information red	quired.)	Candidate / Officeholder na		ice sought Office held
Founder's ev	vent sponsorship			
Pate	T Person name		<del></del>	Amount
Date	Payee name			(\$)
03/05/2003	<b>, , , , , , , , , , , , , , , , , , , </b>			1042.50
	Payee address; City; State; Zip Code			
	952 Echo Lane Suite 350			
	Houston TX 77024			· 
Purpose of exp	penditure (See instructions regarding type of	Complete if direct expe		C/OH • • Office held
	quired.) -reimbursement	Candidate / Onicendical ne	allie On	ce sought Office near
Date	Payee name			Amount
05/05/2003	Hotshot		"	(\$) 88.15
	Payee address; City; State; Zip Code			20
	P.O. Box 701189			
	Houston TX 77270-1189			
Durnose of eyr		Complete if direct expe	anditure to benefit	C/OH **
	penditure (See instructions regarding type of quired.)	Candidate / Officeholder na	ame Offic	ce sought Office held
Delivery Serv	rices			
5.1		,		Amount
Date	Payee name			(\$)
06/09/2003				4500.00
	Payee address; City; State; Zip Code			
	1300 Lamar Street			
	Houston TX 77010-3098			
Purpose of exp	penditure (See instructions regarding type of	Complete if direct expe		C/OH ** ce sought Office held
June 11th Ev		Guirdiano, Ginorioles.		o sought Chico hare
	!			
<del></del>		<u></u>		

			1 Total pages	
The Instruction	ON GUIDE explains how to complete this form.		322/430	report:
2 FILER NAME Mr. William	H. White		3 ACCOUN C0000000	T # (Ethics Commission filers)
4 Date	5 Payee name			7 Amount (\$)
05/09/2003	Northern Trust Bank			10.00
	6 Payee address; City; State; Zip Code		• • • • • • • • • • • • • • • • • • • •	
	2701 Kirby Drive			
	Houston TX 77098			
8 Purpose of exp	penditure (See instructions regarding type of	9 Complete if direct expe		
information red wire transfer		Candidate / Officeholder na	ame C	office sought Office held
Date	Payee name			Amount
06/13/2003	Alliance Payroll Service			(\$) 48.98
	Payee address; City; State; Zip Code			
	12707 North Freeway			
	Suite 320 Houston TX 77060			
	penditure (See instructions regarding type of	Complete if direct expe		
information red Payroll Expe		Candidate / Officeholder na	ame O	ffice sought Office held
Date	Payee name			Amount
02/06/2003	Thomas Hauser			(\$) 350.00
	Payee address; City; State; Zip Code			
	412 W. Clay			
	Houston TX 77019			
	penditure (See instructions regarding type of	Complete if direct expe	nditure to benefi	
information red Contract Lab	•	Candidate / Officeriolder na	arne Or	ffice sought Office held
Date	Payee name	,		Amount
05/23/2003	Myra Jolivet			(\$) 100.24
	Payee address; City; State; Zip Code			
	1200 Smith			
	16th Floor Houston TX 77002			
Purpose of exp	enditure (See instructions regarding type of	Complete if direct expe		
information req Reimb for ev	•	Candidate / Officeholder na	ime Of	fice sought Office held
	All and a second a	J		

		(8)		
The Instruction	אס Guide explains how to complete this form.		1 Total pages rep 323/430	ort:
2 FILER NAME Mr. William			3 ACCOUNT # C00000000	(Ethics Commission filers)
4 Date	5 Payee name		7	Amount
02/27/2003	Sharon Haley			(\$) 1505.00
	6 Payee address; City; State; Zip Code	••••••		
	3011 A. Peach Hollow			
·	Pearland TX 77584			
8 Purpose of expinformation reconstruction Net Payroll	penditure (See instructions regarding type of quired.)	9 Complete if direct expe Candidate / Officeholder n		C/OH " Office held
Date	Payee name	L.		Amount
05/14/2003	Hotshot			(\$) 182.35
·	Payee address; City; State; Zip Code			
	P.O. Box 701189			
	Houston TX 77270-1189			
Purpose of exp information red Delivery Serv	•	Complete if direct expe Candidate / Officeholder n		C/OH •• e sought Office held
Date	Payee name			Amount
05/05/2003	One Source Communications,Inc.			(\$) 373.46
	Payee address; City; State; Zip Code			
	5904 Jessamine Suite A-16			
	Houston TX 77081			
Purpose of exp information red Stationery	penditure (See instructions regarding type of juired.)	Complete if direct expe Candidate / Officeholder na		C/OH • • sought Office held
Date	Payee name			Amount
06/06/2003	Richard Lapin			(\$) 20.00
	Payee address; City; State; Zip Code			
	2000 Bagby #5401			
	Houston TX 77002			·
Purpose of exp information red Reimb parkin	· · ·	Complete if direct expe Candidate / Officeholder na	nditure to benefit C ame Office	/OH ** sought Office held

The Instruction	ION GUIDE explains how to complete this form.		1 Total pages rep 324/430	ort:
2 FILER NAME Mr. William			3 ACCOUNT # C00000000	# (Ethics Commission filers)
4 Date 06/06/2003  8 Purpose of expinformation recommendation	6 Payee address; City; State; Zip Code 2000 Bagby #5401  Houston TX 77002  penditure (See instructions regarding type of	Complete if direct experiments of the complete if direct experiments of the complete in t		Amount (\$) 9.94  C/OH *** e sought Office held
Suppliesrei	imb Payee name			Amount
06/21/2003	Hotshot  Payee address; City; State; Zip Code P.O. Box 701189  Houston TX 77270-1189		· · · · · · · · · · · · · · · · · · ·	(\$) 23.95
Purpose of exp information red Delivery Serv		Complete if direct expe Candidate / Officeholder na		C/OH •• e sought Office held
Date 02/27/2003	Payee name  Hallmark Office Products  Payee address; City; State; Zip Code 5650 Guhn Road #124  Houston TX 77040			Amount (\$) 138.76
Purpose of exp information red Office Supplie	·	Complete if direct expe Candidate / Officeholder na		C/OH ** e sought Office held
Date 02/27/2003	Payee name  Alliance Payroll Service  Payee address; City; State; Zip Code 12707 North Freeway Suite 320 Houston TX 77060			Amount (\$) 1669.02
Purpose of exp information red FICA/Payroll		Complete if direct exper Candidate / Officeholder na	nditure to benefit C ame Office	C/OH •• sought Office held

The Instructi	TION GUIDE explains how to complete this form.		1 Total pages report: 325/430	
2 FILER NAME Mr. William			3 ACCOUNT # (Eth C000000000	ics Commission filers)
4 Date 02/12/2003	5 Payee name  Northern Trust Bank  6 Payee address; City; State; Zip Code 2701 Kirby Drive		7	Amount (\$) 20.00
	Houston TX 77098			
8 Purpose of expinformation recovered wire transfer		9 Complete if direct experience Candidate / Officeholder na	enditure to benefit C/OH name Office sough	
Date 06/06/2003	Payee name  Houston West Chamber of Commerce  Payee address; City; State; Zip Code  10777 Westheimer Suite 916 Houston TX 77042			Amount (\$) 70.00
Purpose of exp information red June 19th Lu	•	Complete if direct expe Candidate / Officeholder na	enditure to benefit C/OH name Office sough	
Date 05/15/2003	Payee name  Triet Nguyen  Payee address; City; State; Zip Code  1415 Louisiana Suite 3000 Houston TX 77002			Amount (\$) 547.00
Purpose of exp information red Reimb for So		Complete if direct expe Candidate / Officeholder na	enditure to benefit C/OH lame Office sough	
Date 06/14/2003	Payee name SBC Payee address; City; State; Zip Code P.O. Box 3025 Houston TX 77097-0043			Amount (\$) 22.07
Purpose of exp information red Phones	penditure (See instructions regarding type of equired.)	Complete if direct exper Candidate / Officeholder na	enditure to benefit C/OH ame Office sought	

THE INSTRUCT	ON GUIDE explains how to complete this form.		1 Total pages repo 326/430	ort:
PILER NAMI Mr. William			3 ACCOUNT # C00000000	E (Ethics Commission filers)
Date	5 Payee name		7	Amount
06/13/2003	Myra Jolivet			(\$) 2750.00
	6 Payee address; City; State; Zip Code			
	1200 Smith 16th Floor Houston TX 77002			
Purpose of exp information red Consulting	penditure (See instructions regarding type of quired.)	9 Complete if direct expe Candidate / Officeholder n		/OH ** sought Office held
Date	Payee name			Amount
02/12/2003	Kim Coffman & Associates			(\$) 188.90
	Payee address; City; State; Zip Code 2822 Briarhurst #37			
	Houston TX 77057			
Purpose of exp information req photos	penditure (See instructions regarding type of quired.)	Complete if direct expe Candidate / Officeholder na		
	Days a name		<del></del>	<del></del>
Date	Payee name			Amount
	Deluxe Checks			(\$)
	Deluxe Checks	······		
	Deluxe Checks			(\$)
Date 02/11/2003	Deluxe Checks Payee address; City; State; Zip Code			(\$)
02/11/2003	Deluxe Checks  Payee address; City; State; Zip Code P.O. Box 1186  Lancaster CA 93534-1186  cenditure (See instructions regarding type of		nditure to benefit C/	(\$) 28.25 OH ••
02/11/2003  Purpose of expinformation req	Deluxe Checks  Payee address; City; State; Zip Code P.O. Box 1186  Lancaster CA 93534-1186  cenditure (See instructions regarding type of	Complete if direct expe	nditure to benefit C/	(\$) 28.25  OH ··· ought Office held
02/11/2003  Purpose of expinformation req Supplies	Deluxe Checks  Payee address; City; State; Zip Code P.O. Box 1186  Lancaster CA 93534-1186  Penditure (See instructions regarding type of uired.)  Payee name U. S. Postmaster	Complete if direct expe Candidate / Officeholder na	nditure to benefit C/	(\$) 28.25  OH · · · ought Office held  Amount (\$)
Purpose of expinformation req	Deluxe Checks  Payee address; City; State; Zip Code P.O. Box 1186  Lancaster CA 93534-1186  Penditure (See instructions regarding type of uired.)  Payee name	Complete if direct expe Candidate / Officeholder na	nditure to benefit C/	(\$) 28.25  OH ··· ought Office held
Purpose of expinformation req Supplies	Deluxe Checks  Payee address; City; State; Zip Code P.O. Box 1186  Lancaster CA 93534-1186  Penditure (See instructions regarding type of uired.)  Payee name U. S. Postmaster	Complete if direct expe Candidate / Officeholder na	nditure to benefit C/	(\$) 28.25  OH · · · ought Office held  Amount (\$)
Purpose of expinformation req Supplies  Date	Deluxe Checks  Payee address; City; State; Zip Code P.O. Box 1186  Lancaster CA 93534-1186  renditure (See instructions regarding type of uired.)  Payee name U. S. Postmaster  Payee address; City; State; Zip Code	Complete if direct expe Candidate / Officeholder na	nditure to benefit C/	(\$) 28.25  OH · · · ought Office held  Amount (\$)

The Instructi	ION GUIDE explains how to complete this form.	1 Total pag 327/43	
2 FILER NAM Mr. William		3 ACCO C0000	UNT # (Ethics Commission filers)
<b>4</b> Date 04/25/2003	6 Payee address; City; State; Zip Cod 5711 Sugar Hill #68 Houston TX 77057		7 Amount (\$) 24.00
information re-	spenditure (See instructions regarding type of quired.) nent for office supplies	Complete if direct expenditure to be Candidate / Officeholder name	nefit C/OH ** Office sought Office held
Date 04/18/2003	Payee name  Triet Nguyen  Payee address; City; State; Zip Cod  1415 Louisiana Suite 3000 Houston TX 77002		Amount (\$) 31.07
information red	penditure (See instructions regarding type of quired.) computer supplies	Complete if direct expenditure to be Candidate / Officeholder name	nefit C/OH •• Office sought Office held
Date 05/30/2003	Payee name  Alliance Payroll Service  Payee address; City; State; Zip Code  12707 North Freeway  Suite 320  Houston TX 77060	e	Amount (\$) 3204.69
Purpose of exp information red FICA/Payroll	·	Complete if direct expenditure to be Candidate / Officeholder name	nefit C/OH ** Office sought Office held
Date 06/13/2003	Payee name  Sharon Haley  Payee address; City; State; Zip Code		Amount (\$) 1750.00
	Pearland TX 77584		

The Instruction	ON GUIDE explains how to complete this form.	1 Total pages report: 328/430	
FILER NAME Mr. William		3 ACCOUNT # (Ethil C00000000	cs Commission filers)
Date	5 Payee name	7	Amount (\$)
06/30/2003	Rives Carlberg L.P.		(\$) 35.69
	6 Payee address; City; State; Zip Code	е	
	2800 Post Oak Blvd. Suite 2400 Houston TX 77056		
Purpose of exp information req Photos	penditure (See instructions regarding type of quired.)	9 Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sough	
Date	Payee name		Amount
06/21/2003	Pam Rosenauer		(\$) 26.79
	Payee address; City; State; Zip Code	3	
	5711 Sugar Hill #68		
	Houston TX 77057		
_	1	•	
Purpose of exp information req Reimb for foo	·	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought	
information req	quired.)	· · · · · · · · · · · · · · · · · · ·	
information req	quired.)	· · · · · · · · · · · · · · · · · · ·	t Office held  Amount
information req Reimb for foo	quired.) od for office	· · · · · · · · · · · · · · · · · · ·	t Office held
information req Reimb for foo Date	quired.) od for office Payee name	Candidate / Officeholder name Office sought	t Office held  Amount (\$)
information req Reimb for foo Date	puired.) od for office Payee name Michael Moore	Candidate / Officeholder name Office sought	t Office held  Amount (\$)
information req Reimb for foo Date	puired.) od for office  Payee name  Michael Moore  Payee address; City; State; Zip Code	Candidate / Officeholder name Office sought	t Office held  Amount (\$)
information req Reimb for foo Date 05/15/2003	puired.) od for office  Payee name  Michael Moore  Payee address; City; State; Zip Code 2110 Baldwin  Houston TX 77033  penditure (See instructions regarding type of	Candidate / Officeholder name Office sought	Amount (\$) 2999.75
Date 05/15/2003  Purpose of expinformation req	puired.) od for office  Payee name  Michael Moore  Payee address; City; State; Zip Code 2110 Baldwin  Houston TX 77033  penditure (See instructions regarding type of	Candidate / Officeholder name Office sought	Amount (\$) 2999.75  Office held
Date  O5/15/2003  Purpose of expinformation required Net payroll	Payee name  Michael Moore  Payee address; City; State; Zip Code 2110 Baldwin  Houston TX 77033  Denditure (See instructions regarding type of quired.)  Payee name  Andrea Young	Candidate / Officeholder name  Office sought  Complete if direct expenditure to benefit C/OH Candidate / Officeholder name  Office sought	Amount (\$) 2999.75
Date  O5/15/2003  Purpose of expinformation required Net payroll	Payee name  Michael Moore  Payee address; City; State; Zip Code 2110 Baldwin  Houston TX 77033  Denditure (See instructions regarding type of quired.)  Payee name  Andrea Young	Candidate / Officeholder name  Office sought  Complete if direct expenditure to benefit C/OH Candidate / Officeholder name  Office sought	Amount (\$) 2999.75  Office held  Amount (\$)
Date  O5/15/2003  Purpose of expinformation required Net payroll	Payee name  Michael Moore  Payee address; City; State; Zip Code 2110 Baldwin  Houston TX 77033  penditure (See instructions regarding type of quired.)  Payee name  Andrea Young	Candidate / Officeholder name  Office sought  Complete if direct expenditure to benefit C/OH Candidate / Officeholder name  Office sought	Amount (\$) 2999.75  Office held  Amount (\$)
Date  O5/15/2003  Purpose of expinformation required Net payroll	Payee name  Michael Moore  Payee address; City; State; Zip Code 2110 Baldwin  Houston TX 77033  Denditure (See instructions regarding type of quired.)  Payee name  Andrea Young  Payee address; City; State; Zip Code	Candidate / Officeholder name  Office sought  Complete if direct expenditure to benefit C/OH Candidate / Officeholder name  Office sought	Amount (\$) 2999.75  Office held  Amount (\$)

#### SCHEDULE F

(512)463-5800

The Instruction	אס Guide explains how to complete this form.		1 Total pages re 329/430	port:
2 FILER NAME Mr. William			3 ACCOUNT C00000000	# (Ethics Commission filers)
4 Date 04/30/2003	5 Payee name Andrea Young 6 Payee address; City; State; Zip Code 5500 Sampson St #2309 Houston TX 77004		7	Amount (\$) 1277.23
8 Purpose of exp information red Net Payroll	penditure (See instructions regarding type of	9 Complete if direct expr Candidate / Officeholder n		C/OH ** ce sought Office held
Date 06/26/2003	Payee name  U. S. Postmaster  Payee address; City; State; Zip Code  Barbara Jordan Main Post Office  Houston TX 77201-9998			Amount (\$) 500.00
Purpose of exp information red Postage	l penditure (See instructions regarding type of quired.)	Complete if direct exp Candidate / Officeholder n		C/OH •• ce sought Office held
Date 03/25/2003	Payee name  U. S. Postmaster  Payee address; City; State; Zip Code  Barbara Jordan Main Post Office  Houston TX 77201-9998			Amount (\$) 414.00
Purpose of ex information red Postage	penditure (See instructions regarding type of quired.)	Complete if direct expo Candidate / Officeholder n		C/OH ** ce sought Office held
Date 06/30/2003	Payee name  Baseline Apex Imaging,L.L.C.  Payee address; City; State; Zip Code 5615 Richmond Avenue Suite 165 Houston TX 77057			Amount (\$) 56.85
Purpose of ex information red Office Suppli	·	Complete if direct expe Candidate / Officeholder n	enditure to benefit ame Offic	C/OH **  se sought Office held
1				

The Instruction	ON GUIDE explains how to complete this form.	1 Total page 330/430	
2 FILER NAME Mr. William		3 ACCOU C000000	NT # (Ethics Commission filers)
4 Date 03/11/2003	5 Payee name Rives Carlberg L.P. 6 Payee address; City; State; Zip Code 2800 Post Oak Blvd. Suite 2400 Houston TX 77056		7 Amount (\$) 6125.00
8 Purpose of expinformation rec Focus group		Complete if direct expenditure to bendand Candidate / Officeholder name	efit C/OH ** Office sought Office held
Date 03/31/2003	Payee name  Rives Carlberg L.P.  Payee address; City; State; Zip Code  2800 Post Oak Blvd.  Suite 2400  Houston TX 77056		Amount (\$) 319.52
Purpose of exp information rec Focus groups		Complete if direct expenditure to bene Candidate / Officeholder name	efit C/OH •• Office sought Office held
Date 06/21/2003	Payee name  Hotshot  Payee address; City; State; Zip Code P.O. Box 701189  Houston TX 77270-1189		Amount (\$) 126.40
Purpose of exp information req Delivery Serv	penditure (See instructions regarding type of quired.) vices	Complete if direct expenditure to bene Candidate / Officeholder name	efit C/OH " * Office sought Office held
Date 02/12/2003	Payee name One Source Communications,Inc.  Payee address; City; State; Zip Code 5904 Jessamine Suite A-16  Houston TX 77081		Amount (\$) 917.50
	penditure (See instructions regarding type of upired.)	Complete if direct expenditure to bene Candidate / Officeholder name	fit C/OH "" Office sought Office held

The Instruction	אס Guide explains how to complete this form.		1 Total pages r 331/430	eport:
2 FILER NAME Mr. William	E H. White		3 ACCOUN C0000000	T # (Ethics Commission filers)
4 Date	5 Payee name			7 Amount
06/06/2003	One Source Communications,Inc.			(\$) 106.19
	6 Payee address; City; State; Zip Code			
	5904 Jessamine Suite A-16			
	Houston TX 77081			
O Dumage of evr	penditure (See instructions regarding type of	9 Complete if direct expe	I enditure to benef	fit C/OH **
8 Purpose of exp information red Stationery	juired.)	Candidate / Officeholder n	iame O	office sought Office held
Date	Payee name			Amount
05/05/2003	Butrum & Associates			(\$) 12500.00
	952 Echo Lane			
	Suite 350 Houston TX 77024			
Purpose of ext	penditure (See instructions regarding type of	Complete if direct expe	enditure to benef	fit C/OH ••
information red		Candidate / Officeholder n		Office sought Office held
Consultingf				
5.1.				Amount
Date	Payee name			(\$)
01/29/2003	AVW-Audio Visual			3107.86
	Payee address; City; State; Zip Code			
	P.O. Box 650519			
	Dallas TX 75265-0519			
Purpose of exp	penditure (See instructions regarding type of	Complete if direct expendidate / Officeholder n	enditure to benef	Fit C/OH " "  Office held
	nnouncement			-
Date	Payee name			Amount
06/05/2003	Rives Carlberg L.P.			(\$) 5968.40
	Payee address; City; State; Zip Code			
	2800 Post Oak Bivd.			
	Suite 2400 Houston TX 77056	•		
Purpose of exp	penditure (See instructions regarding type of	Complete if direct expe	enditure to benef	Fit C/OH ""  Office sought Office held
information red Media	quired.)	Candidate / Onicendider in	anie	office sought Office held
171				
		<u> </u>		

The Instruction	ON GUIDE explains how to complete this form.		1 Total pages re 332/430	eport:
2 FILER NAME Mr. William			3 ACCOUNT C0000000	• ••
4 Date 04/18/2003	5 Payee name NGP Software,Inc. 6 Payee address; City; State; Zip Code 5505 Connecticut Avenue NW PMB 277 Washington DC 20015			7 Amount (\$) 4000.00
8 Purpose of exp information red Software	penditure (See instructions regarding type of quired.)	9 Complete if direct expe Candidate / Officeholder na		t C/OH ** ffice sought Office held
Date 04/18/2003	Payee name Sis Johnson Payee address; City; State; Zip Code 2800 Post Oak Blvd Houston TX 77056-6118			Amount (\$) 913.99
Purpose of exp information red Reimb for foo	•	Complete if direct expe Candidate / Officeholder na		t C/OH •• fice sought Office held
Date 05/15/2003	Payee name  Mpulse  Payee address; City; State; Zip Code  4400 Memorial Dr. Suite 3051  Houston TX 77007			Amount (\$) 500.00
Purpose of exp information red Music at 5/14	• •	Complete if direct expe Candidate / Officeholder na	nditure to benefit ime Off	C/OH " Grice held Company of the control of the con
Date 02/17/2003	Payee name  ttweak  Payee address; City; State; Zip Code  4910 Main Street  Houston TX 77002			Amount (\$) 18275.00
Purpose of exp information red Media	penditure (See instructions regarding type of quired.)	Complete if direct expe Candidate / Officeholder na	nditure to benefit me Offi	C/OH ** ce sought Office held

The Instruction	ON GUIDE explains how to complete this form.		1 Total pages report: 333/430	
2 FILER NAME Mr. William	H. White	·	3 ACCOUNT# 0 C00000000	Ethics Commission filers)
4 Date	5 Payee name		7	Amount
03/31/2003	Rives Carlberg L.P.			(\$) 165.74
	6 Payee address; City; State; Zip Code			
	2800 Post Oak Blvd. Suite 2400 Houston TX 77056			
8 Purpose of expinformation req	penditure (See instructions regarding type of juired.)	9 Complete if direct expe Candidate / Officeholder n		
Date	Payee name			Amount
06/30/2003	Rives Carlberg L.P.			(\$) 264.06
	Payee address; City; State; Zip Code			
	2800 Post Oak Blvd. Suite 2400 Houston TX 77056			
Purpose of exp information req Media	enditure (See instructions regarding type of uired.)	Complete if direct expe Candidate / Officeholder no		
Date	Payee name			Amount
04/14/2003	Susybelle Zook			(\$) 183.98
	Payee address; City; State; Zip Code			
	1702 Morse Street			
	Houston TX 77019			
information req	enditure (See instructions regarding type of uired.) mputer supplies	Complete if direct expe Candidate / Officeholder na		
Date	Payee name			Amount (\$)
04/14/2003	Western Lithograph			216.50
	Payee address; City; State; Zip Code	,		
	4335 Directors Row Texas			
	Houston TX 77092			
Purpose of exp information req Invitations-pr	· ·	Complete if direct expe Candidate / Officeholder na	nditure to benefit C/Oh ame Office sou	

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I OLIII	OAL EXI LIBITORES			SCHEDOLL 1	
The Instructi	ON GUIDE explains how to complete this form.	And the state of t	1 Total pages report: 334/430		
2 FILER NAMI Mr. William			3 ACCOUNT # C00000000	(Ethics Commission filers)	
4 Date	5 Payee name		7	Amount	
04/04/2003	Rives Carlberg L.P.			(\$) 508.66	
				000.00	
	2800 Post Oak Blvd. Suite 2400 Houston TX 77056				
8 Purpose of ex- information red Direct Mail	I penditure (See instructions regarding type of quired.)	9 Complete if direct expe Candidate / Officeholder n			
Date	Payee name			Amount	
05/15/2003	ttweak LLC			(\$) 26885.00	
	Payee address; City; State; Zip Code			20000.00	
	4910 Main Street				
	Houston TX 77002				
Purnose of evi	penditure (See instructions regarding type of	Complete if direct expe	enditure to benefit C/C	)H ••	
information red TV Productio	quired.)	Candidate / Officeholder na			
Date	Payee name			Amount	
03/11/2003	Rives Carlberg L.P.			(\$) 995.00	
	Payee address; City; State; Zip Code				
	2800 Post Oak Blvd. Suite 2400 Houston TX 77056				
Purpose of exp information red Banner	penditure (See instructions regarding type of puired.)	Complete if direct expe Candidate / Officeholder na	enditure to benefit C/O ame Office sou		
Date	Payee name			Amount	
02/12/2003	Hotshot			(\$) 49.80	
	Payee address; City; State; Zip Code				
	P.O. Box 701189				
	Houston TX 77270-1189				
Purpose of exp information red Delivery Serv	•	Complete if direct exper Candidate / Officeholder na	nditure to benefit C/O ame Office sou		
		· · · · · · · · · · · · · · · · · · ·			

The Instruction Guide explains how to complete this form.			1 Total pages report: 335/430	
2 FILER NAME Mr. William H. White			3 ACCOUNT # (Ethics Commission filers) C00000000	
<b>4</b> Date 06/30/2003	5 Payee name KLM Consulting 6 Payee address; City; State; Zip Code 950 Althea Drive Houston TX 77018			Amount (\$) 3000.00
Purpose of expenditure (See instructions regarding type of information required.)     Consulting		9 Complete if direct expe Candidate / Officeholder n	enditure to benefit C/O⊦ name Office sou(	
Date 05/13/2003	Payee name  Darcy Mackey  Payee address; City; State; Zip Code  3303 S. Rice  Suite 210-B  Houston TX 77056			Amount (\$) 4500.00
Purpose of expenditure (See instructions regarding type of information required.) Contract Labor		Complete if direct expe Candidate / Officeholder n	enditure to benefit C/OH ame Office soug	
Date 02/21/2003	Payee name  U. S. Postmaster  Payee address; City; State; Zip Code  Barbara Jordan Main Post Office  Houston TX 77201-9998			Amount (\$) 370.00
Purpose of expenditure (See instructions regarding type of information required.)  Postage		Complete if direct expe Candidate / Officeholder n	enditure to benefit C/OH ame Office soug	
Date 04/14/2003	Payee name  Andrea White  Payee address; City; State; Zip Code 101 Stablewood Court  Houston TX 77024			Amount (\$) 111.00
Purpose of exp information req Reimb for po		Complete if direct expe Candidate / Officeholder na	enditure to benefit C/OH ame Office soug	

The Instruction	ON GUIDE explains how to complete this form.		1 Total pages re 336/430	port:
2 FILER NAME Mr. William			3 ACCOUNT C00000000	# (Ethics Commission filers)
4 Date	5 Payee name		7	Amount
03/05/2003				(\$) 292.30
	6 Payee address; City; State; Zip Code PO Box 297468			
	Houston TX 77297-7468			
8 Purpose of exinformation records	penditure (See instructions regarding type of quired.)	9 Complete if direct expe Candidate / Officeholder n		C/OH •• Ice sought Office held
. Date	Payee name			Amount
05/15/2003	Richard Lapin			(\$) 8.04
03/13/2000				0.04
	Payee address; City; State; Zip Code			,
	2000 Bagby #5401			·
	Houston TX 77002			
information red	penditure (See instructions regarding type of quired.) draising event	Complete if direct expe Candidate / Officeholder na		C/OH *** ce sought Office held
Date	Payee name			Amount
06/06/2003	Datavox			(\$) 741.30
	Payee address; City; State; Zip Code			141.00
	PO Box 297468			
	Houston TX 77297-7468			
Purpose of exp information red Phones	penditure (See instructions regarding type of quired.)	Complete if direct expe Candidate / Officeholder na		C/OH ce sought Office held
Date	Payee name			Amount
06/29/2003	Andrew Tran			(\$) 242.19
	Payee address; City; State; Zip Code			
	P.O. Box 441417			. 1
	Houston TX 77244-1417			
Durnoss of com	penditure (See instructions regarding type of	Complete if direct expe	nditure to benefit	C/OH ··
information red Signs		Candidate / Officeholder na	rme Offic	e sought Office held

The Instruction Guide 6	explains how to complete this form.		1 Total pages report: 337/430	
2 FILER NAME Mr. William	H. White		3 ACCOUNT# (EII C00000000	nics Commission filers)
06/30/2003 Rive 6 Paye 2800 Suite	ee name es Carlberg L.P. ee address; City; State; Zip Code D Post Oak Blvd. e 2400 ston TX 77056		7	Amount (\$) 4106.10
Purpose of expenditure information required.)     Printing	See instructions regarding type of	9 Complete if direct expe Candidate / Officeholder na		
05/30/2003 Rive Paye 2800 Suite	ee name es Carlberg L.P. ee address; City; State; Zip Code 0 Post Oak Blvd. e 2400 ston TX 77056			Amount (\$) 61.70
Purpose of expenditure ( information required.) Media	See instructions regarding type of	Complete if direct exper Candidate / Officeholder na		
05/29/2003 Nich Paye 720 4th F	nolas Almanza e address; City; State; Zip Code N. Post Oak Road Floor ston TX 77024			Amount (\$) 66.24
Purpose of expenditure ( information required.) Reimb for office suppl	See instructions regarding type of ies	Complete if direct exper Candidate / Officeholder na	nditure to benefit C/OH me Office sough	
04/11/2003 Butr Paye 952 Suite	ee name um & Associates ee address; City; State; Zip Code Echo Lane e 350 ston TX 77024			Amount (\$) 62.31
Purpose of expenditure ( information required.) Paper for invitations	See instructions regarding type of	Complete if direct exper Candidate / Officeholder nar		

The Instruction	אס Guide explains how to complete this form.		1 Total pages 338/430	report:
2 FILER NAME Mr. William	H. White		3 ACCOUN C000000	T# (Ethics Commission filers)
4 Date	5 Payee name			7 Amount (\$)
05/15/2003	Keir Murray			850.00
	6 Payee address; City; State; Zip Code			
	950 Althea Drive			
	Houston TX 77018			
8 Purpose of exp	penditure (See instructions regarding type of	9 Complete if direct expe		fit C/OH ** Office sought Office held
Consulting	uned.)			,
Date	Payee name			Amount (\$)
06/19/2003	Premiumco.com			227.22
	Payee address; City; State; Zip Code			
	9135 Katy Fwy Suite 88			
	Houston TX 77024			
Purpose of exp	penditure (See instructions regarding type of puried.)	Complete if direct expe Candidate / Officeholder na		fit C/OH •• Office sought Office held
Computer eq				
Date	Payee name			Amount (\$)
04/15/2003	Alliance Payroll Service			43.30
	Payee address; City; State; Zip Code			
	12707 North Freeway Suite 320			
	Houston TX 77060			
Purpose of exp	penditure (See instructions regarding type of pured.)	Complete if direct expe Candidate / Officeholder na		fit C/OH " "  Office sought Office held
Payroll service	es			
Date	Payee name			Amount (\$)
05/23/2003	Andrea Young			100.00
	Payee address; City; State; Zip Code		!	
	5500 Sampson St #2309			
	Houston TX 77004			
Purpose of exp	penditure (See instructions regarding type of quired.)	Complete if direct expe Candidate / Officeholder na		it C/OH * * ffice sought Office held
	nent: City maps			
	:			

The Instruction	ON GUIDE explains how to complete this form.		1 Total pages repo	ort:
2 FILER NAME Mr. William			3 ACCOUNT # C00000000	E (Ethics Commission filers)
4 Date	5 Payee name		. 7	Amount
05/15/2003	Triet Nguyen			(\$) 194.82
	6 Payee address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	•
	1415 Louisiana Suite 3000 Houston TX 77002			
information rec	penditure (See instructions regarding type of quired.) mputer equipment	9 Complete if direct exper Candidate / Officeholder na		P/OH " sought Office held
Date	Payee name	<u> </u>		Amount
06/30/2003	Rives Carlberg L.P.			(\$) 271.34
- '	_			<b></b>
	2800 Post Oak Blvd. Suite 2400 Houston TX 77056			
Purpose of exp information red Direct Mail	penditure (See instructions regarding type of quired.)	Complete if direct exper Candidate / Officeholder na		/OH •• sought Office held
Date	Payee name			Amount
05/30/2003	Darcy Mackey			(\$) 2250.00
_	Payee address; City; State; Zip Code			2200.00
	3303 S. Rice Suite 210-B Houston TX 77056			
Purpose of exp information req Contract Lab	• •	Complete if direct exper Candidate / Officeholder nar	nditure to benefit C/ me Office s	
Date	Payee name			Amount
05/15/2003	Deborah Whitehead			(\$) 589.92
	Payee address; City; State; Zip Code			
	1415 Louisiana Street,Suite 3000			
	Houston TX 77002			
Purpose of exp information req Reimb 5 de n	•	Complete if direct expen Candidate / Officeholder nan	nditure to benefit C/o me Office s	OH •• sought Office held
		<u></u>		

information red Signs	quired.)	Candidate / Officeholder name	Office sought Office held
Date	Payee name		Amount
05/23/2003	All Points Moving and Storage		(\$) 379.50
	Payee address; City; State; Zip Code 7225 W. Sam Parkway N.		
	Houston TX 77040-3190		
Purpose of exp information red Moving expe	• •	Complete if direct expenditure to ben Candidate / Officeholder name	efit C/OH *** Office sought Office held

Complete if direct expenditure to benefit C/OH \*\*

City; State; Zip Code

Payee address; P.O. Box 441417

Purpose of expenditure (See instructions regarding type of

Houston TX 77244-1417

POLITICAL EXPENDITURES	SCHEDULE F
The Instruction Guide explains how to complete this form.	1 Total pages report: 341/430
2 FILER NAME Mr. William H. White	3 ACCOUNT # (Ethics Commission filers) C00000000
4 Date 5 Payee name  03/05/2003 U. S. Postmaster  6 Payee address; City; State; Zip Code Barbara Jordan Main Post Office Houston TX 77201-9998  8 Purpose of expenditure (See instructions regarding type of information required.) Postage	
Date Payee name  05/22/2003 Michael Moore  Payee address; City; State; Zip Code 2110 Baldwin  Houston TX 77033	Amount (\$) 102.18
Purpose of expenditure (See instructions regarding type of information required.)  Pagers/Cell Phone reimb	Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held
Date Payee name  04/11/2003 Butrum & Associates  Payee address; City; State; Zip Code  952 Echo Lane Suite 350 Houston TX 77024	Amount (\$) 58.34
Purpose of expenditure (See instructions regarding type of information required.) #9 Envelopes	Complete if direct expenditure to benefit C/OH * * Candidate / Officeholder name Office sought Office held
Date Payee name  06/21/2003 Pam Rosenauer  Payee address; City; State; Zip Code  5711 Sugar Hill #68  Houston TX 77057	Amount (\$) 11.98
Purpose of expenditure (See instructions regarding type of information required.) Reimb for supplies	Complete if direct expenditure to benefit C/OH " Candidate / Officeholder name Office sought Office held

	·			
The Instructi	ON GUIDE explains how to complete this form.		1 Total pages 342/430	report:
2 FILER NAMI Mr. William			3 ACCOUN C000000	T # (Ethics Commission filers)
4 Date 05/30/2003	5 Payee name  Rives Carlberg L.P.  6 Payee address; City; State; Zip Code 2800 Post Oak Blvd. Suite 2400 Houston TX 77056			7 Amount (\$) 24043.90
8 Purpose of ex information re Direct Mail	penditure (See instructions regarding type of quired.)	9 Complete if direct exp Candidate / Officeholder r	enditure to bene ame c	Office sought Office held
Date 03/27/2003	Payee name  Matrix Consulting  Payee address; City; State; Zip Code  15255 Shapiro Springs Lane  Houston TX 77095			Amount (\$) 5692.00
Purpose of ex information re Computers	penditure (See instructions regarding type of quired.)	Complete if direct exp Candidate / Officeholder r		fit C/OH •• Office sought Office held
Date 06/06/2003	Payee name  Richard Lapin  Payee address; City; State; Zip Code 2000 Bagby #5401  Houston TX 77002	· · · · · · · · · · · · · · · · · · ·		Amount (\$) 6.00
Purpose of ex information re Reimb parki		Complete if direct exp Candidate / Officeholder r	enditure to bene name c	fit C/OH ** Office sought Office held
Date 02/27/2003	Payee name  Alliance Payroll Service  Payee address; City; State; Zip Code  12707 North Freeway Suite 320 Houston TX 77060			Amount (\$) 39.24
Purpose of ex information re Payroll serv		Complete if direct exp Candidate / Officeholder r	enditure to bene name (	fit C/OH "" Office sought Office held

The Instruction	ON GUIDE explains how to complete this form.		1 Total pages report: 343/430	
2 FILER NAME Mr. William			3 ACCOUNT # (Ethi C00000000	cs Commission filers)
4 Date	5 Payee name		7	Amount
01/31/2003	Andrea Young			(\$) 1327.23
	6 Payee address; City; State; Zip Code			
	5500 Sampson St #2309			
	Houston TX 77004			
8 Purpose of expinformation reconstruction Net Payroll	penditure (See instructions regarding type of quired.)	9 Complete if direct expe Candidate / Officeholder n	enditure to benefit C/OH ame Office sough	
Date	Payee name			Amount
02/27/2003	Jackson and Company			(\$) 2420.52
•	Payee address; City; State; Zip Code			
	PO Box 130260			
	Houston TX 77219-0260			
Purpose of exp information red Food and set		Complete if direct expe Candidate / Officeholder na	enditure to benefit C/OH ame Office sough	
Date	Payee name			Amount
03/21/2003	U. S. Postmaster			(\$) 740.00
	Payee address; City; State; Zip Code			
	Barbara Jordan Main Post Office			
	Houston TX 77201-9998			
Purpose of exp information red Postage	penditure (See instructions regarding type of quired.)	Complete if direct expe Candidate / Officeholder na	enditure to benefit C/OH ame Office sought	
Date	Payee name			Amount
06/21/2003	Andrea Young			(\$) 92.02
	Payee address; City; State; Zip Code			
	5500 Sampson St #2309			
	Houston TX 77004			
Purpose of exp	penditure (See instructions regarding type of juired.)	Complete if direct experience Candidate / Officeholder na	nditure to benefit C/OH *	Office held
	rade Supplies			

The Instructi	ION GUIDE explains how to complete this form.	1 Total page: 344/430	s report:
2 FILER NAM Mr. William		3 ACCOUR C000000	NT # (Ethics Commission filers)
4 Date 05/23/2003	5 Payee name  Christina Cabral  6 Payee address; City; State; Zip Co 2250 Bering Drive #34  Houston TX 77057		7 Amount (\$) 179.42
information re	penditure (See instructions regarding type of	9 Complete if direct expenditure to bene Candidate / Officeholder name	Pfit C/OH "" Office sought Office held
Date 05/05/2003	Payee name  Datavox  Payee address; City; State; Zip Co PO Box 297468  Houston TX 77297-7468	de	Amount (\$) 487.14
Purpose of ex information red Phones	penditure (See instructions regarding type of quired.)	Complete if direct expenditure to bene Candidate / Officeholder name	sfit C/OH •• Office sought Office held
Date 04/14/2003	Payee name  Andrea Young  Payee address; City; State; Zip Co 5500 Sampson St #2309  Houston TX 77004	de	Amount (\$) 1277.23
Purpose of exp information red Net Payroli	penditure (See instructions regarding type of quired.)	Complete if direct expenditure to bene Candidate / Officeholder name	fit C/OH ** Office sought Office held
Date 04/25/2003	Payee name  SBC  Payee address; City; State; Zip Cod  P.O. Box 3025  Houston TX 77097-0043	de	Amount (\$) 88.58
Purpose of exp	penditure (See instructions regarding type of quired.)	Complete if direct expenditure to bene Candidate / Officeholder name	fit C/OH **  Office sought Office held

The Instruc	стіом Guide explains how to complete this form.		1 Total pages repo 345/430	ort:
2 FILER NAI Mr. Willia	···		3 ACCOUNT # C000000000	(Ethics Commission filers)
4 Date 05/16/2003	5 Payee name Rives Carlberg L.P. 6 Payee address; City; State; Zip Cod 2800 Post Oak Blvd. Suite 2400 Houston TX 77056	e	7	Amount (\$) 12000.00
Purpose of e information re Media	expenditure (See instructions regarding type of equired.)	9 Complete if direct expe Candidate / Officeholder na		/OH •• sought Office held
Date 04/11/2003	Payee name  Butrum & Associates  Payee address; City; State; Zip Code  952 Echo Lane Suite 350 Houston TX 77024			Amount (\$) 519.30
Purpose of ex information re Mail Service		Complete if direct exper Candidate / Officeholder nar	nditure to benefit C/6 me Office s	
Date 04/30/2003	Payee name  Alliance Payroll Service  Payee address; City; State; Zip Code  12707 North Freeway  Suite 320  Houston TX 77060			Amount (\$) 3337.95
Purpose of exp information red FICA/Payroll		Complete if direct expend Candidate / Officeholder nam	diture to benefit C/C ne Office so	
Date 06/30/2003	Payee name  Datavox  Payee address; City; State; Zip Code  PO Box 297468  Houston TX 77297-7468			Amount (\$) 1607.73
Purpose of exp information req Phones	enditure (See instructions regarding type of uired.)	Complete if direct expend Candidate / Officeholder name	liture to benefit C/OI e Office sou	

· · · · · · · · · · · · · · · · · · ·	בדוסא Guide explains how to complete this form.	1 Total 346	pages report: /430
PILER NAM Mr. Willian			COUNT # (Ethics Commission filers)
Date 04/01/2003	5 Payee name  All Points Moving and Storage  6 Payee address; City; State; Zip C 7225 W. Sam Parkway N.  Houston TX 77040-3190	ode	7 Amount (\$) 898.00
Purpose of ea information re Moving expo		9 Complete if direct expenditure to Candidate / Officeholder name	benefit C/OH ** Office sought Office held
Date 05/23/2003	Payee address; City; State; Zip Co 5500 Sampson St #2309 Houston TX 77004	de	Amount (\$) 25.00
Reimbursen	nent: Campaign expenses	Complete if direct expenditure to I Candidate / Officeholder name	penefit C/OH •• Office sought Office held
Date 04/14/2003	Payee name  Susybelle Zook  Payee address; City; State; Zip Coo  1702 Morse Street  Houston TX 77019	de	Amount (\$) 14.18
imormation red	penditure (See instructions regarding type of juired.) mputer supplies	Complete if direct expenditure to be Candidate / Officeholder name	enefit C/OH •• Office sought Office held
Date 5/30/2003	Payee name  Rives Carlberg L.P.  Payee address; City; State; Zip Code 2800 Post Oak Blvd. Suite 2400 Houston TX 77056	e	Amount (\$) 200.70
ļ	enditure (See instructions regarding type of		nefit C/OH **

PULI	TICAL EXPENDITURES	exas 78711-2070	(512)463-	5800 1-800-325-8
				SCHEDULE F
The Instru	стіом Guide explains how to complete this form.		1 Total pages rep 347/430	port:
2 FILER NA Mr. Willia				# (Ethics Commission filers)
4 Date	5 Payee name		17	Amount
06/27/2003	Andrew Tran			(\$)
	6 Payee address; City; State; Zip C P.O. Box 441417	Code		208.25
	Houston TX 77244-1417			
Purpose of e information n Signs	expenditure (See instructions regarding type of equired.)	9 Complete if direct ex Candidate / Officeholde	xpenditure to benefit C r name Office	C/OH •• sought Office held
Date	Payee name			
06/30/2003	Rives Carlberg L.P.			Amount (\$)
	Payee address; City; State; Zip Co			223.80
	2800 Post Oak Blvd.	ode		
	Suite 2400 Houston TX 77056			
Purpose of ex information re Media	penditure (See instructions regarding type of quired.)	Complete if direct exp Candidate / Officeholder	penditure to benefit C/ name Office s	
Date	Payee name			
3/18/2003				Amount (\$)
3/18/2003	Darcy Mackey			Amount (\$) 2250.00
03/18/2003	Darcy Mackey			(\$)
Purpose of exp	Darcy Mackey  Payee address; City; State; Zip Coo 3303 S. Rice Suite 210-B Houston TX 77056	Complete if direct expe	enditure to benefit C/O	(\$) 2250.00
Purpose of exp	Darcy Mackey  Payee address; City; State; Zip Cod  3303 S. Rice Suite 210-B Houston TX 77056  enditure (See instructions regarding type of uired.)	Complete if direct expe	enditure to benefit C/O ame Office so	(\$) 2250.00
	Darcy Mackey  Payee address; City; State; Zip Cod 3303 S. Rice Suite 210-B Houston TX 77056  enditure (See instructions regarding type of uired.)  or	Complete if direct expe		(\$) 2250.00 H ••
Purpose of exp information req Contract Labo Date	Darcy Mackey  Payee address; City; State; Zip Cod 3303 S. Rice Suite 210-B Houston TX 77056  enditure (See instructions regarding type of uired.)  Payee name	Complete if direct expe		(\$) 2250.00  H ••  ught Office held  Amount
Purpose of exp information req Contract Labo Date	Darcy Mackey  Payee address; City; State; Zip Cod 3303 S. Rice Suite 210-B Houston TX 77056  enditure (See instructions regarding type of uired.)  Payee name Richard Lapin	Complete if direct expe Candidate / Officeholder n		(\$) 2250.00
Purpose of exp information req Contract Labo	Darcy Mackey  Payee address; City; State; Zip Cod 3303 S. Rice Suite 210-B Houston TX 77056  enditure (See instructions regarding type of uired.)  Payee name	Complete if direct expe Candidate / Officeholder n		(\$) 2250.00  H ••  ught Office held  Amount (\$)
Purpose of exp nformation req Contract Labo Date	Darcy Mackey  Payee address; City; State; Zip Cod 3303 S. Rice Suite 210-B Houston TX 77056  enditure (See instructions regarding type of uired.) or  Payee name Richard Lapin  Payee address; City; State; Zip Code	Complete if direct expe Candidate / Officeholder n		(\$) 2250.00  H ••  ught Office held  Amount (\$)

The Instruction Guide explains how to complete this form.			1 Total pages report: 348/430	
FILER NAM Mr. Willian		3	ACCOUNT # (Ethics Commission filers) C00000000	
Date 03/31/2003	5 Payee name  Alliance Payroll Service  6 Payee address; City; State; Zip Cor 12707 North Freeway Suite 320 Houston TX 77060		7 Amount (\$) 1657.02	
Purpose of exinformation re FICA/Payro		9 Complete if direct expenditu Candidate / Officeholder name	ure to benefit C/OH **  Office sought Office held	
Date 04/11/2003	Payee name  Butrum & Associates  Payee address; City; State; Zip Cod  952 Echo Lane Suite 350  Houston TX 77024	e	Amount (\$) 12500.00	
Purpose of ex information re- Consulting	penditure (See instructions regarding type of	Complete if direct expenditur Candidate / Officeholder name	re to benefit C/OH •• Office sought Office held	
Consulting  Date	penditure (See instructions regarding type of	Candidate / Officeholder name		
Date D5/22/2003  Purpose of expinformation required	Payee name  Michael Moore  Payee address; City; State; Zip Code 2110 Baldwin  Houston TX 77033	Candidate / Officeholder name	Office sought Office held  Amount (\$) 152.11	
Date 05/22/2003  Purpose of expiniformation required	Payee name  Michael Moore  Payee address; City; State; Zip Code 2110 Baldwin  Houston TX 77033  penditure (See instructions regarding type of quired.)	Candidate / Officeholder name	Amount (\$) 152.11	

Purpose of a	P.O. Box 441417  Houston TX 77244-1417		
information re Signs	penditure (See instructions regarding type of equired.)	Complete if direct expenditure to ben Candidate / Officeholder name	efit C/OH •• Office sought Office held
Date 04/30/2003	Payee name  RM Crowe  Payee address; City; State; Zip Code  5100 Westheimer Suite 231 Houston TX 77027		Amount (\$) 6000.00
Purpose of expenditure (See instructions regarding type of information required.) Rent		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 05/27/2003	Payee name  Western Lithograph  Payee address; City; State; Zip Code  4335 Directors Row Texas		Amount (\$) 2168.25

Complete if direct expenditure to benefit C/OH \*\*\*
Candidate / Office holder name Office sought

Houston TX 77092

Purpose of expenditure (See instructions regarding type of

information required.)

Stationery printing

Office held